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WELFARE EMPLOYMENT CONTRACT - 1972

ARTICLE I

Recognition

The Cumberland County Welfare Board recognizes the New Jersey Civil Service Association, Cumberland Council No. 18, as the designated representative for the purpose of collective negotiations, according to law, for all classifications of the Cumberland County Welfare Board, as listed in Article II.

ARTICLE II

Salary Program

THIS BOOK DOES
NOT CIRCULATE

A. SCHEDULE:

1. The Salary schedule for the employees shall recognize and reflect differentiation according to classification of positions under the rules and regulations of the Civil Service Commission and years of experience of the employee.

2. The salary schedule to be used is the one issued by the Division of Welfare, Bureau of Assistance, State of New Jersey, under Ruling No. 11, Plan B, revised as of January 1, 1972. (Schedule attached hereto)

B. CLASSIFICATION RANGES:

1. In reference to the schedule, the following ranges will be used for the different classifications of positions:

Clerk	Range 3	\$ 4350. to 5658.
Social Service Aide	Range 4	4568. to 5936.
Bldg. Maint. Worker	Range 4	4568. to 5936.
Clerk Typist	Range 5	4796. to 6236.
Clerk Bookkeeper	Range 5	4796. to 6236.
Account Clerk	Range 5	4796. to 6236.
Telephone Operator	Range 5	4796. to 6236.
Clerk Stenographer	Range 6	5036. to 6548.
Clerk Typist (interpreter)	Range 6	5036. to 6548.
Senior Clerk Bookkeeper	Range 7	5288. to 6872.
Senior Clerk	Range 7	5288. to 6872.
Senior Account Clerk	Range 7	5288. to 6872.
Senior Clerk Typist	Range 8	5552. to 7220.
Welfare Aide	Range 9	5830. to 7582.
Welfare Aide (Spanish)	Range 9	5830. to 7582.
Principal Clerk	Range 11	6428. to 8354.
Caseworker	Range 15	7812. to 10158.
Caseworker (Spanish)	Range 15	7812. to 10158.
Supervisor of Casework	Range 19	9496. to 12346.

C. IMPLEMENTATION:

1. This Salary Program is for the period of January 1, 1972 to December 31, 1972. As soon as practical all employees will receive back pay due them from January 1, 1972.
2. All employees that were permanent on January 1, 1972 for one year or more, will as of that date, be moved to the corresponding step plus one increment in the new range.
3. All other employees upon completion of the first full year of service as a permanent employee in the year 1972 will be advanced one step as of the first of the month next following such completion.

D. LONGEVITY:

1. Longevity pay will be paid in a lump sum on the anniversary date of employment by the Cumberland County Welfare Board, using the following scale;

Five (5) to Nine (9) years of service	100.00 each year
Ten (10) to Fourteen (14) years of service	200.00 each year
Fifteen (15) to Nineteen (19) years of service	300.00 each year
Twenty (20) to Twenty-Four (24) year of service	400.00 each year
Twenty-five (25) years of service and thereafter	500.00 each year

E. FRINGE BENEFITS:

1. All Fringe Benefits in effect for 1971, (Blue Cross, Blue Shield, Life Insurance, etc.) to remain the same for 1972.

ARTICLE III

Leaves of Absence

A. All leaves of absence are to be administered according to the provisions of New Jersey Administrative Code, Title 4, Department of Civil Service for State Service.

ARTICLE IV

Hours of Work

A. A full work week will be of thirty-five (35) hours. The hours, Monday to Friday, to be from 8:30 A.M. to 4:30 P.M with one hour off for lunch. In order to meet the demands of work, employees may be required to work in excess of the hours of work designated as the normal work day for their class title. Any employee who is authorized or required to work beyond the normal work day for his class title shall be compensated by compensatory time off at one and one half times the overtime. If the overtime is for the benefit of the employee, the compensatory time is to be one for one.

B. Holidays as authorized by law or by Commission action with the approval of the Governor shall be allowed as days off with pay.

ARTICLE V

A. Attached hereto as Exhibit A and made a part of this contract as though it were included herein is the Grievance Procedure to accomplish the objectives outlined in Civil Service Rules 4:1-23.3.

ARTICLE VI

A. It is agreed that collective negotiations for a contract for the year 1973, will start no later than October 1, 1972.

IN WITNESS WHEREOF, the New Jersey Civil Service Association, Cumberland Council No.18, has caused this Agreement to be signed by its duly elected officers who represent that they have the authority to execute this Agreement, and the Cumberland County Welfare Board by its Chairman and Secretary have signed this agreement and have caused the corporate seal to be placed thereon, and the authorized approval officer of the Division of Welfare, Department of Institutions and Agencies of the State of New Jersey.

DATED: Sept 11, 1972

New Jersey Civil Service Association
Cumberland Council NO. 18

By: Wm H. Smith

Treasurer

ATTEST:

Sal Joseph

Reviewed and approved by the
Division of Public Welfare
N.J. Department of Institutions and Agencies

Irving J. Engelman
Irving J. Engelman, Director

DATED: Sept. 11, 1972

Cumberland County Welfare Bd.

By: Richard Colhamus

Chairman Of The Board

ATTEST:

Paul M. Butz
Secretary Treasurer

Division of Public Welfare
Dept. of Institutions and Agencies

Dated: 9/28/72

Frank A. Mason
Frank A. Mason, Director
Office of Employee Relations
Governor's Office

Ruling No. 11
Classification and Compensation Plan (Cont'd.)

Effective 1/1/72
Part I, Page

PLAN B (REVISED)

Salary Range No.	Minimum Rate	First Step	Second Step	Third Step	Fourth Step	Fifth Step	Sixth Step
1.	3946	4143	4340	4537	4734	4931	5128
2.	4143	4350	4557	4764	4971	5178	5385
3.	4350	4568	4786	5004	5222	5440	5658
4.	4568	4796	5024	5252	5480	5708	5936
5.	4796	5036	5276	5516	5756	5996	6236
6.	5036	5288	5540	5792	6044	6296	6548
7.	5288	5552	5816	6080	6344	6608	6872
8.	5552	5830	6108	6386	6664	6942	7220
9.	5830	6122	6414	6706	6998	7290	7582
10.	6122	6428	6734	7040	7346	7652	7958
11.	6428	6749	7070	7391	7712	8033	8354
12.	6749	7086	7423	7760	8097	8434	8771
13.	7086	7440	7794	8148	8502	8856	9210
14.	7440	7812	8184	8556	8928	9300	9672
15.	7812	8203	8594	8985	9376	9767	10158
16.	8203	8613	9023	9433	9843	10253	10663
17.	8613	9044	9475	9906	10337	10768	11199
18.	9044	9496	9948	10400	10852	11304	11756
19.	9496	9971	10446	10921	11396	11871	12346
20.	9971	10470	10969	11468	11967	12466	12965
21.	10470	10994	11518	12042	12566	13090	13614
22.	10994	11544	12094	12644	13194	13744	14294
23.	11544	12121	12698	13275	13852	14429	15006
24.	12121	12727	13333	13939	14545	15151	15757
25.	12727	13363	13999	14635	15271	15907	16543
26.	13363	14031	14699	15367	16035	16703	17371
27.	14031	14733	15435	16137	16839	17541	18243
28.	14733	15470	16207	16944	17681	18418	19155
29.	15470	16244	17018	17792	18566	19340	20114
30.	16244	17056	17868	18680	19492	20304	21116
31.	17056	17909	18762	19615	20468	21321	22174
32.	17909	18804	19699	20594	21489	22384	23279
33.	18804	19744	20684	21624	22564	23504	24444
34.	19744	20731	21718	22705	23692	24679	25666

CUMBERLAND COUNTY WELFARE BOARD
GRIEVANCE PROCEDURE FORM

This form will be used for presenting a grievance in accordance with the Department Procedures. Items must be completed in ink or typed.

Institution, agency, or other component of Department _____

Name _____ Title _____ Date _____
Date of incident _____ My grievance is _____

To correct my grievance the following should be done _____

Check one- ☐ I will represent myself
☐ My employee representative will be

Name _____ Title _____ Org. (if any) _____

Signature of employee

STEP 1
SUPERVISOR

Action taken _____

Date _____

Has grievance been satisfactorily resolved: Yes _____ No _____

Signature of employee

Signature of immediate supervisor

Action taken _____

Date _____

Has grievance been satisfactorily resolved: Yes _____ No _____

Signature of employee

Signature of Director,
CUMBERLAND COUNTY WELFARE BOARD

STEP 3

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Check one- () I will not have non-employee representation

 () My non-employee representative(s) will be

Name(s) _____

Organization _____

Action taken _____

Date _____

Has grievance been satisfactorily resolved: Yes _____ No _____

Signature of employee

Signature of personnel committee
chairman, Cumberland County Welfare Board

GRIEVANCE PROCEDURE

A. Purpose

1. The purpose of this procedure is to secure, at the lowest possible level, equitable solutions to the problems which may arise affecting the terms and conditions of employment. The parties agree that this procedure will be kept as informal as may be appropriate.

2. Nothing herein contained shall be construed as limiting the right of any employee having a grievance to discuss the matter informally with any appropriate member of the administration, and having the grievance adjusted without the intervention of the Liaison.

B. Definition

The term "grievance" means a complaint by an employee that, as to him, there has been a violation of the Agreement and includes disciplinary action affecting said employee.

C. Presentation of a Grievance

The employee shall have the right to present his own appeal, individually or by counsel, or to designate the Liaison as a representative to appear with him. The Board agrees that there shall be no loss of pay for the time spent in presenting the grievance by the aggrieved person and the Liaison representative who is an employee of the Board, throughout the grievance procedure.

D. Steps of the Grievance Procedure

The following constitutes the sole and exclusive method for resolving grievances between the parties covered by this Agreement:

STEP 1

a. An aggrieved employee shall institute action under the provisions hereof in writing, signed and delivered to the Supervisor, or the Administrative Supervisor for employees working directly at the office within five (5) working days of the occurrence complained of, or within five (5) working days after he would reasonably be expected to know of its occurrence. Failure to act within said five (5) days shall be deemed to constitute an abandonment of the grievance.

b. The Supervisor or Administrative Supervisor as above shall render a decision in writing within five (5) working days after receipt of the grievance.

EXHIBIT A

STEP 2

a. In the event satisfactory settlement has not been reached, the employee shall, in writing and signed, file his complaint with the Director of Welfare within five (5) working days following the determination at Step 1.

b. The Director of Welfare, or his designee, shall render his decision within (5) working days after the receipt of the complaint.

STEP 3

Should the employee disagree with the decision of the Director, or his designee, the employee may, within five (5) working days, submit to the Board a statement in writing and signed as to the issues in dispute. In the event, the employee files his statement with the Board at least six (6) working days prior to a Board meeting, the matter shall be placed on the agenda for that Board meeting. Statements filed less than six (6) days before a Board meeting may be heard by the Board at the meeting or at the Board's discretion placed on the agenda for the following meeting. The Board shall review the decision of the Director together with the disputed areas submitted by the employee. The employee and/or the liaison representative may request an appearance before the Board. The Board will render its decision within eight (8) working days after the Board meeting at which the matter has been reviewed.